11. Your Signature

Authorized by MCL 421.1, et seq. Completion of this form is required to qualify for benefits.

Date:

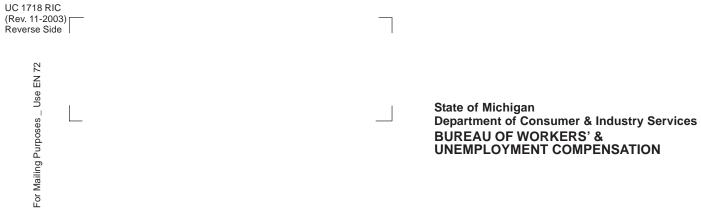
State of Michigan Department of Consumer & Industry Services BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION

CLAIMANT'S STATEMENT OF WAGES



Complete this form to provide wage information required to determine if you qualify for unemployment benefits. Complete a separate form for each employer, as directed. Instructions for completion are on the reverse side. Please print clearly using **black ink**.

CLAIMANT LAST NAME, FIRST, MIDDLE INITIAL					2. SOCIAL SECURITY NUMBER			3. A	3. ADDITIONAL NAME or SSN WORKED UNDER			
BV	V&UC Account Number		Multi	Check Digit	4. FEDERAL	. EMPL	OYER ID NUM	BER (from W-	2 Form, if ava	l ilable)		
EMPLOYER (N	lame of Company)				6. EMPLOYE	R TEL	EPHONE NUM	BER				
EMPLOYER ADDRESS						IRST D	DAY	YEAR	MONTH	LAST DATE WO	ORKED YEAR	
Quarter	Year	Quarter	Year	Quarter	Year		Quarter	Year _		Quarter		
PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES PAID	PAY DATE (Month/Day)	GROSS WAGES P		PAY DATE (Month/Day	GR) WAGE	OSS S PAID	PAY DATE (Month/Day)	GROSS WAGES PA	
TOTAL Quarterly Wages	s	TOTAL Quarterly Wages	\$	TOTAL Quarterly Wages	\$		TOTAL Quarterly Wag	es \$		TOTAL Quarterly Wages	\$	



Instructions

- Clearly print your name and Social Security number. Enter any additional name or Social Security number under which you may have worked.
- Enter the Federal Employer Identification Number (FEIN) from your W-2 Form, if available.
- Clearly print employer name, address, telephone number, and dates of employment.
- Report missing *gross* wages (before taxes) PAID to you in each calendar quarter identified in Item 9 on the front side. For example, you may have worked during the last week of March (1st quarter) but were not paid until April (2nd quarter). Report these wages in the 2nd quarter (the quarter containing the date you were PAID).

There are 4 calendar quarters per year.

The quarters are numbered and are the same from year to year.

Each quarter contains three calendar months as follows:

1st Quarter	January 1	through	March 31
2nd Quarter	April 1	through	June 30
3rd Quarter	July 1	through	September 30
4th Quarter	October 1	through	December 31

- If you know your *gross* wages for each quarter, complete only the Total Quarterly Wages box for each quarter identified in Item 10, or you may use the spaces provided to list each pay date and amount to help you figure the Total Quarterly Wages.
- If you have pay stubs, enter the pay dates (date of check) and gross wages paid on that date in the correct quarter.
- Calendars are available upon request that show the 4 quarters. Call the Customer Relations Hotline (number below) to request a calendar.
- If you need help, call BW&UC Claimant Customer Relations Hotline at 1-800-638-3995.
- Carefully read the Claimant's Certification Statement before you sign and date this form.

NOTE: If your claim is established based on the information you provide on this form, it may be subject to a redetermination when corrected wage information is obtained from your employer.

Return this form to: Bureau of Workers' &

Unemployment Compensation

P.O. Box 5050

Saginaw, MI 48605-5050

Fax#: (989) 758-1986